

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

37 County Gasconade
Township Bourbon
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 308
Primary Registration District No. 3426

22478
File No. 2
Registered No. 2

2. FULL NAME

James Dudley Parria
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cassie Parria

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1849

7. AGE YEARS 83 MONTHS _____ DAYS 23 IF LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Quincyville (STATE OR COUNTRY) Mo.

13. NAME Will Harris

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Polly Ann Harris

16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) Mo.

17. INFORMANT Mrs. J. W. Kramon (ADDRESS) 100 W. 1st St. Bland R.H.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bowen Cemetery DATE July 3, 1932

19. UNDERTAKER A. B. Licklider (ADDRESS) Belle Mo.

20. FILED July 2, 1932 M. E. Spence Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1932

I HEREBY CERTIFY, That I attended deceased from June 19, 1932 to July 1, 1932

I last saw him alive on July 28, 1932 Death is said to have occurred on the date stated above, at 5 a.m.

The principal cause of death and related causes of importance were as follows:

Dysentery Date of onset July 16, 1932

Intestinal Colitis

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) M. E. Spence, M. D.

(Address) Belle Mo.

